

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/066,831

FILING DATE

APPLICANT(S)

CLAIMS						
AS PLOED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS					
* 2-4-02		* 2-2-04		* 4-27-04	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUSTMENTS

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APPLICATION

2-4-02 2-2-04 4-27-04 CLAIMS

2-2-04 4-27-04

2

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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135		/		/		/
136		/		/		/
137		/		/		/
138		/		/		/
139		/		/		/
140		/		/		/
141		/		/		/
142		/		/		/
143		/		/		/
144		/		/		/
145		/		/		/
146		/		/		/
147		/		/		/
148		/		/		/
149		/		/		/
150		/		/		/
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	22	←		←		←
TOTAL CLAIMS	23					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		/
152				/		/
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200						
TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.		←	28	←	24	←
TOTAL CLAIMS			29		25	